

FEC FORM 1

STATEMENT OF ORGANIZATION

SECRETARY OF THE SENATE

16 APR 15 PM 5:04

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Baron Hill for Indiana

ADDRESS (number and street)

PO Box 30675

(Check if address is changed)

Indianapolis

CITY

IN

STATE

46230

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

janica@pcmsllc.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

http://www.baronhillforindiana.com

2. DATE

04 / 15 / 2016

3. FEC IDENTIFICATION NUMBER

C C00578880

4. IS THIS STATEMENT



NEW (N)

OR



AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Janica Kyriacopoulos

Signature of Treasurer

Janica Kyriacopoulos

Janica Kyriacopoulos

Date

04 / 15 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 06/2012)

201604180200126567

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate Baron P Hill

Candidate Party Affiliation DEM Office Sought: House Senate President State IN District 00

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a (National, State, or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative
 - In addition, this committee is a Lobbyist/Registrant PAC.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.	_____	FEC ID number	<input type="checkbox"/> C _____
2.	_____	FEC ID number	<input type="checkbox"/> C _____
3.	_____	FEC ID number	<input type="checkbox"/> C _____
4.	_____	FEC ID number	<input type="checkbox"/> C _____

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Write or Type Committee Name

Baron Hill for Indiana

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Hoosiers for Common Sense

Mailing Address

115 W Washington St ST 1165

Indianapolis

IN

46204

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Janica Kyriacopoulos

Mailing Address 1050 17th ST NW Ste 590

Washington

DC

20036

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

202

628

1580

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Janica Kyriacopoulos

Mailing Address 1050 17th St NW Ste 590

Washington

DC

20036

CITY

STATE

ZIP CODE

Title or Position Treasurer

Telephone number

202

628

1580

201604180200126569

Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

[Empty grid for Mailing Address]

[Empty grid for Mailing Address]

[Empty grid for Mailing Address]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid for Title or Position]

Telephone number

[Empty grid for Telephone number]

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

National Bank of Indianapolis

[Empty grid for National Bank of Indianapolis]

Mailing Address

107 N Pennsylvania St

[Empty grid for Mailing Address]

Indianapolis IN 46204

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Old National Bank

[Empty grid for Old National Bank]

Mailing Address

PO Box 718

[Empty grid for Mailing Address]

Evansville IN 47705

CITY

STATE

ZIP CODE

201604180200126570

Hand Delivered

201604180200126571

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

ELECTRONICALLY DELIVERED _____

Date of Receipt

HAND DELIVERED _____

Date of Receipt

4-15-16

USPS FIRST CLASS MAIL _____

Date of Receipt

Postmark

USPS REGISTERED/CERTIFIED _____

Postmark

USPS PRIORITY MAIL _____

Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____

Postmark

OVERNIGHT DELIVERY SERVICE:

SHIPPING DATE

NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS _____

UPS _____

DHL _____

AIRBORNE EXPRESS _____

RECEIVED FROM FEDERAL ELECTION COMMISSION _____

Date of Receipt

POSTMARK ILLEGIBLE

NO POSTMARK:

FAX _____

Date of Receipt

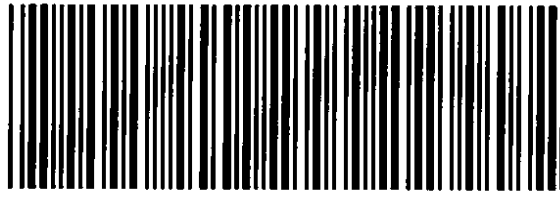
OTHER _____

Date of Receipt or Postmark

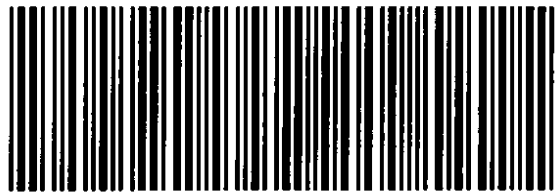
PREPARER **DH**

DATE PREPARED **4-15-16**

201604180200126572



SEN PATCH



SEN PATCH

201604180200126573